

SUICIDE PREVENTION MEASURES
IN URBAN DETENTION FACILITIES
THROUGHOUT THE UNITED STATES

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The views and conclusions presented in this paper
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ABSTRACT

A questionnaire assessing measures being utilized to prevent inmate suicides was sent to 62 urban detention facilities throughout the United States. Fifty-two facilities responded to the survey. Items surveyed included training measures, screening procedures, special housing areas, and availability of mental health staff during the intake process. Survey results indicate that the need for suicide prevention measures is recognized by the majority of respondents and that certain measures have been adopted to a larger extent than others. This article examines the variability of the measures being employed by survey respondents.

INTRODUCTION

Although the exact figures are unknown, it has been estimated that 1000 inmates kill themselves every year in the United States (Charlé, 1981). A wide variety of preventive measures have been proposed by researchers interested in reducing the number of prisoner suicides. Danto (1973) recommended that jailers take threats of suicide seriously, place suicidal inmates in a group dormitory of not more than ten other prisoners, help the inmate maintain contact with relatives, friends, and attorneys, and train inmate trustees in the art of talking to depressed prisoners. Brodsky (1978) encouraged the identification of a suicide prevention program, considering all new prisoners at risk, promoting a sense of accountability with regard to suicide and expediting help for confined prisoners. Esparza (1972) indicated that psychological autopsies should be performed for deaths occurring in jails. Charlé (1981) identified five requirements for successful suicide prevention. These included proper training of officers and medical staff, the creation of systems to identify inmates who require special attention, medical and psychological programs that have easy access to inmates, jail design that does not lead itself to easy suicides, and formal investigations of suicides.

It is evident that a wide variety of preventive measures have been proposed by researchers who have studied the problem of jail suicides. The purpose of this survey was to assess the types of suicide prevention measures being used in urban detention facilities throughout the United States and explore the variability of the measures being employed.

METHODOLOGY

Surveys were mailed to 62 detention facilities throughout the United States. The surveys were divided into three parts. The first two parts requested general information concerning the facility. Questions relevant to training, screening, written policies, special housing, resuscitative equipment, inmate peer counselors, and Death Review Boards were included in the third part of the survey.

RESULTS

General Information Concerning Respondents

Fifty-two facilities from 37 states responded to the survey. The respondent rate was 83.8%.

The maximum capacity of respondent facilities ranged from 39 to 9302 prisoners with the average maximum capacity being 896. Fifty percent of the respondent facilities had a maximum capacity that was over 500 prisoners. Twenty-eight percent had a maximum capacity that ranged from 200 to 499 inmates. The remaining 22% had a maximum capacity that was below 199.

In-Service Training in Suicide Prevention

In-service training for line and supervisory custodial staff in the danger signs of suicide appears to be a widely accepted preventive measure. Forty-three (82.7%) of the facilities indicated that line custodial staff was provided with in-service training in the danger signs of suicide. Forty-one (78.8%) reported that supervisory personnel was provided with similar training.

Certification in First Aid and C.P.R.

Since the Correction Officer is frequently the first person to discover an inmate who is attempting to commit suicide, an officer's knowledge of emergency first aid and cardio-pulmonary resuscitation (C.P.R.) can be essential in the preservation of life. Fifty percent of the respondent facilities reported that over 80% of the officers were certified in emergency first aid. Forty-five percent of the respondent facilities indicated that over 80% of their officers were certified C.P.R.

Screening for Suicidal Risk During Intake

The need to determine the possibility of suicidal risk during intake is strongly supported by several studies. Fawcett and Marrs (1973) reported that five of thirteen suicides occurred within the first week of incarceration and Helig (1973) reported that eleven of seventeen suicides occurred during the first 24 hours of being arrested. Hayes and Kajdan (1981) determined that 50% of suicide victims were dead within the first twenty-four hours of incarceration. The need to screen for suicidal risk during intake was recognized by the majority of respondents to the survey. Ninety percent of the respondents reported that intake screening included questions that determine the possibility of suicidal risk.

Participation of Mental Health Staff in Intake Process

The early identification of potentially suicidal inmates would be enhanced by the participation of mental health staff in the screening process. This practice is not, however, one maintained by the majority of respondents. Sixty-four percent

of the respondents indicated that mental health personnel did not screen all newly admitted inmates.

Written Procedures for Referral of Suicidal Inmates

The promulgation of written procedures pertinent to the referral of inmates who are potentially suicidal is essential for the establishment of accountability in the referral process. Ninety percent of the respondents reported that they have written procedures for the referral of inmates who show the danger signs of suicide.

Special Housing for Suicidal Inmates

Once an inmate has been identified as being potentially suicidal, there is a need for increased observation of that prisoner until the suicidal crisis has passed. One approach that can be used to improve the observation of these inmates is the designation of a special housing area for suicidal inmates. This is not an uncommon practice among survey respondents. Eighty-seven percent of the respondents reported that they have areas that were specially designated for suicidal inmates.

Hayes and Kajdan (1981) recommended that isolation not be used for inmates who are suicidal. In most instances, dormitory housing affords less isolation than double cell housing and double cell housing affords less isolation than single-cell housing. Fifty-three percent of those respondents who had specially designated areas for potentially suicidal inmates reported that single cell housing was used for that purpose. Eighteen percent reported that dormitory housing was utilized. The remaining 29% of the respondents used various combinations of single-cell, double-cell, and dormitory housing.

Removal of Belt and Shoelaces

The practice of routinely taking belts and shoelaces from prisoners who are considered potentially suicidal is used by the majority of survey respondents. Ninety-four percent of the respondents reported that these items were routinely removed from suicidal inmates.

Resuscitation Equipment

The presence of resuscitation equipment on the housing area may reduce the time it takes to initiate life saving measures upon an inmate who has hanged himself. Thirty-three percent of the respondents reported that they have such equipment on the housing areas.

Employing Prisoners to Watch Suicidal Prisoners

In an effort to improve the observation of inmates who are considered suicidal, some facilities have employed prisoners as observation aides or peer counselors. Fifteen percent of the respondents indicated that prisoners are used for this purpose.

Death Review Boards

After the occurrence of a suicide, it may be beneficial for a death review board or similarly entitled group to meet and conduct a psychological autopsy of the victim. Thirty-nine percent of the respondents reported that examination of this type are conducted following suicides at their facilities.

DISCUSSION

The results of the survey indicate that the need for suicide prevention measures is recognized by the majority of respondents and that certain measures have been adopted to a larger extent than others. The measures that show a high level of acceptance are in-service training in suicide prevention, certification in First Aid and C.P.R., determining the possibility of suicidal risk during intake, promulgation of written procedures for the referral of suicidal inmates, and the removal of belts and shoelaces from suicidal inmates. A measure accepted by a majority of respondents, but to a lesser extent than the measures listed above was the participation of mental health staff in the intake process. Apparently, many of the facilities that screen for the possibility of suicidal risk use non-mental health staff for this purpose.

Measures that are being utilized by a minority of facilities surveyed included the presence of resuscitative equipment in the housing area, the employment of prisoners to watch suicidal inmates, and a death review board process.

One measure of critical importance that has not been adopted by the majority of respondents is the use of dormitory housing for suicidal inmates. The prevalence of single cell housing in jails throughout the country and the high cost of reconstruction can be offered as explanations for this finding. Since most jail suicides occur when prisoners are isolated from others (Hayes and Kajdan, 1981) there is a pressing need to consider and include small dormitories for potentially suicidal inmates in jails that are now being designed.

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